

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BLACK HAWK SENIOR RESIDENCE (310315)

Address: 1 MILWAUKEE AVE W, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/30/1992

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095857 **End Date:** 10/03/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008296 Served 11/09/2005

Deficiencies Cited

50.065(2)(bm)

83.42(1)

83.42(3)(f)

83.45(1)

Subject Area

OUT OF STATE BACKGROUND CHECKS

SAFETY-FACILITY EVACUATION TIME

SLEEPING HOURS EVACUATION DRILL

ACCESSIBILITY

Compliance
Verified

Corrected

Survey ID: 0094770 **End Date:** 04/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008167 Served 04/02/2005

Deficiencies Cited

50.065(6)(b)

Subject Area

CREDENTIALLED CAREGIVERS

Compliance
Verified

04/30/2005

Corrected

Yes

Survey ID: 0095487 **End Date:** 11/16/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0091225 **End Date:** 09/25/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008602 Served 10/17/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(4)(d)	TEMPORARY AND EXPOSED WIRING	11/16/2004	Yes

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Enforcement History

Date: 11/03/2005 **SOD #**10008296 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 04/01/2005 **SOD #**10008167 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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Complaint History

Date Complaint Received: 10/28/2004

Date Investigation Completed: 11/17/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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